- FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 857204

1. Corporation Name

Principal Place	WIDE DIRECT AUTO INSU		COMPANY									
11975 WESTUN	e industrial dr.	119	75 WESTLINE INDUSTR	IAL DR.								
P O BOX 34420 P O BOX 34420									DO NOT WITH	TE IN THIS	CDACE	
ST.LOUIS MO 63146 ST.LOUIS MO 63146								DO NOT WRITE IN THIS SPACE				
									Date Incorporated or Qualifed			
									07/26/1983			
2. Principal P	lace of Business	2a.	Mailing Address						FEI Number	•	_ 	pplied For
21		26		_				4	<u>61-6027355</u>			ot Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.					5.	Certifcate of Status Desired		* - · · ·	Additional equired
22		27						:			<u> </u>	
City & Stat	e	<u> </u>	City & State						Election Campaign Financing			May Be
23		28	3						Trust Fund Contribution			to Fees
Zip	Country		Zip		ntry				This corporation owes the curr	ent year Int	angible	□No
24	25	29		30	<u> </u>				Personal Property Tax. Name and Address of New F	lanistand		LINO.
	9. Name and Address of Curre	ent Regis	tered Agent		81	Name		10.	Name and Address of New F	tegistereu	Agent	
TAT2	TE INSURANCE COMMISSIONE	:R			"	Name						
	TOL BLDG.	.,,			82	Street	Addres	s (P.	O. Box Number is Not Accepta	able)		
	AHASSEE FL 32301											
IALL	AIROULL IL SESOI				83							
					84	City				FL	85 Zip	Code
44 . D	to the provisions of Sections 607.05	502 and 60	07 1508 Florida Statu	er the a	hove	-named	cornor	ation	submits this statement for the	numose of	changing it:	registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florid	ia. Such change was a	uthorized	i by	the corpo	oration'	s bo	ard of directors. I hereby accep	ot the appoi	ntment as re	gistered
SIGNATURE												
	Signature, typed or printed name of registered ag			Registered	Agent	t signature n	equired w		instating) DDITIONS/CHANGES TO OF	DATE AN	ID DIRECTO	3DC IN 12
12.	OFFICERS A	AND DIRE		13.			VP	А	DUITIONS/CHANGES TO OF	FICERS AN	Change	Addition
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NAME			□ XDELETE									
	SHAILESH J. MEHIA		CYDELETE	1.2 N/	WE			псу	, Brenda K			
STREET ADDRESS	201 MISSION ST		CYDELEIC		WE	ADDRESS		псу	, Brenda K			
STREET ADDRESS CITY-ST-ZIP	201 MISSION ST SAN FRANCISCO CA			1.3 \$7	WE	ADDRESS	Cla	псу	, Brenda K	<u>-</u>		
	201 MISSION ST SAN FRANCISCO CA PD	-	□ DELETE	1.3 \$7	WE REET TY-ST	ADDRESS		псу	, Brenda K		☐ Change	Addition
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WEST CHESTER PA 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90062 004 ***150.00